



Hon. Marita Garrett
Mayor
Ophelia "Cookie" Coleman
Chief of Police

YOUTH POLICE ACADEMY

The Wilkinsburg Police Department is pleased to announce that applications are being accepted for the summer 2018 Youth Police Academy – Class #10. The Academy is a two-week “day camp” (Monday through Friday) that is offered to Wilkinsburg youth between the ages of 6 and 16.

This year’s Academy will begin on Monday, July 16 _____ through Friday, July 27, 2018 _____.

The motto of the Wilkinsburg Youth Police Academy is “Dedication In Service to Our Community through Honor, Loyalty and Respect.”

Our objective is to educate the cadets about public service including local Government, the judiciary, emergency services and law enforcement. We place strong emphasis on self-respect, respect of others, teamwork and commitment to one’s goals. This will be accomplished through structured events which will be offered in a fun, informative, interactive, educational and hands-on manner. The format is similar to what actual police academy cadet’s experience.

Cadets will be divided by age group: 6-10 and 11-16.

The curriculum will consist of educational activities as well as physical training activities. The daily programs will include presentations from educators, interaction with other agencies, and field trips. The cadets will be given exposure to available state and county resources.

This year’s Youth Academy will be held at the Wilkinsburg Police Department.

The program runs from 9:00 a.m. to 3:00 p.m.

Lunches for the cadets will be provided by the Academy.

Attire: Each participant will be provided with an official Academy shirt. They are required to be worn from the 2nd day of the academy until the completion of the program, including graduation. It should be noted that these uniforms must be cleaned daily.

Upon completion of the academy, there will be an official graduation ceremony on _____. Details will be provided.

Participants and family members are invited to attend.

Note: At any time the program Coordinator, Officer William Coffee may terminate a youth from participating in the Academy for non-compliance with the rules as set forth in the paperwork and as given at the parent orientation or throughout the Academy. As such, each parent and Participant should be well acquainted with the requirements.

Attached, please find the required application forms that **MUST BE** completed and returned to the Wilkesburg Police Department, 605 Ross Avenue, Wilkesburg, PA 15221, and Attention: Officer William Coffee., no later than July 1, 2018.

Space is limited!

If you have any questions, contact the Wilkesburg Police Department at (412) 244-2919, or (412) 244-2918.

All paperwork must be completely filled out and signed where indicated or your child will not be permitted to attend.

You will be notified by telephone and/or email of your child's acceptance and the date of the Parent Orientation Meeting. A parent/guardian must attend the meeting for your child to be accepted into the youth academy.

SITE: WILKESBURG POLICE DEPARTMENT- BOROUGH BLDG.



WILKINSBURG YOUTH POLICE ACADEMY 2018

WILKINSBURG POLICE DEPARTMENT
605 ROSS AVENUE
WILKINSBURG, PA 15221
PH. (412) 244-2919 FAX (412) 241-5844

NOTICE: By executing this document you waive certain rights on behalf of yourself and your family. You should read this document carefully!

CADET'S NAME

In consideration for being permitted to participate in activities at the Wilkesburg Youth Police Academy, I/We _____, do hereby agree to waive, indemnify, and hold harmless the Borough of Wilkesburg, its agents, servants, employees, and/or volunteers from any and all claims, demands, causes of action, liability, judgments, costs and attorney fees arising out of, claimed on account of, or in any manner predicated during my child's participation in any activity.

Assumption of Risks: Participation in the Wilkesburg Police Youth Police Academy carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

Severability: The undersigned further expressly agrees that the foregoing waiver and the assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I/We having read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights including my right to sue. I/We acknowledge that I/we am/are signing the agreement freely and voluntarily, and intend by my/our signature to be a complete and unconditional release of all liability to the greatest extent and allowed by law.

Parent Name (Print)

Date

Parent Signature

Cadet Name (Print)

Date

Cadet Signature

Received by: _____
Authorized Borough of Wilkesburg Representative

WILKINSBURG YOUTH POLICE ACADEMY



2018

***** Medical Form *****

Cadet's Name _____

Please list any drug sensitivities or allergies:

Please list any medications that are being taken or need to be taken throughout the Academy:

Please list any current medical conditions:

Please list any food allergies or special diets:

Emergency Contact:

Home/Work Number: _____ **Cell Number:** _____

Parent/Guardian Signature _____

Date _____

WILKINSBURG YOUTH POLICE ACADEMY 2018



Recording Consent

I, (parent/guardian) _____ give permission for my son/daughter to be photographed and/or videotaped by the media and/or the Wilkesburg Police Department during the Youth Police Academy.

Cadet Attending Academy _____

Parent/Guardian's Signature _____

Signature of Witness _____

WILKINSBURG YOUTH POLICE ACADEMY 2018



Transportation Waiver

I, (parent/guardian) _____ will provide transportation to and from the Youth Police Academy. If I cannot provide transportation I will make arrangements for my son/daughter and will notify Academy Staff about the change.

Cadet Attending Academy _____

Parent/Guardian's Signature _____

Signature of Witness _____